



Valvular Heart Disease

MORTALITY BENEFIT OF STATINS IN SEVERE AORTIC STENOSIS

ACC Moderated Poster Contributions
McCormick Place South, Hall A
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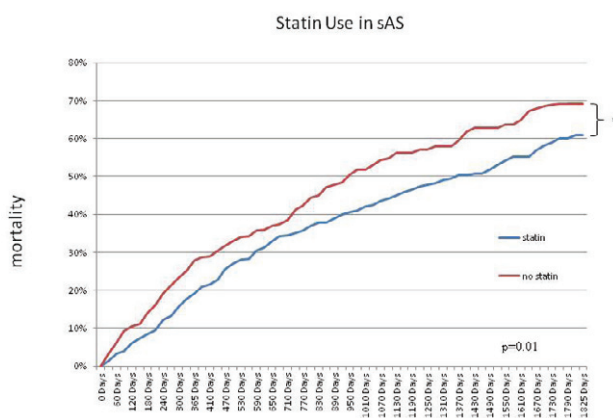
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Background: Recent evidence suggests that aortic stenosis (AS) is an active process mediated by inflammation similar to atherosclerosis. Pleiotropically, statins reduce inflammation, stabilize atherosclerotic plaques, decrease oxidative stress and improve endothelial function. While a small trial has demonstrated that statins reduce severe AS (sAS) progression, no evidence exists regarding its affect on mortality. We examined if statin therapy provides a long term mortality benefit in patients with sAS.

Methods: Retrospectively, we identified all patients admitted to Montefiore Medical Center who, from 1997-2010, were diagnosed with sAS with an aortic valve area $<1\text{cm}^2$, LVEF $\geq 50\%$ and LVEDd $\leq 52\text{mm}$ via echo and were asymptomatic. Patients were grouped based on those started and not started on a statin with exclusion if they had evidence of known coronary artery disease, stroke, or rheumatic heart disease. The Endpoint was all-cause mortality through 5 years.

Results: After multivariate analysis, patients receiving a statin (N=484) exhibited a lower mortality rate through 5 years (61%) compared with those not receiving a statin (N=179; 70% $p=0.01$).



Conclusions: Patients with sAS who were started on a statin appear to have a significant mortality benefit compared with patients not started on a statin. This response highlights the strong pleiotropic affects of statins and offers a possible new modality in managing sAS.